



**Life Insurance Corporation Of India
Chennai Division I**

Additional information to be obtained from the Medical Examiner in the case of persons whose hearing is impaired

Proposal No:

Name:

	RIGHT EAR		LEFT EAR	
	Without hearing aid	With hearing aid	Without hearing aid	With hearing aid
1. <u>Whisper</u> : if the voice heard? If so kindly indicate whether it is heard well or with difficulty.				
2. <u>Ordinary Conversation</u> : if the voice heard? If so kindly indicate whether it is heard well or with difficulty.				
3. <u>Loud Voice</u> : : if the voice heard? If so kindly indicate whether it is heard well or with difficulty.				
4. <u>Cause of Deafness</u> :				

Note: Answer to all columns should be given in case where hearing aid is being used while in all other case only answers to columns No 2 and 4 be given.

(Signature of life to be Assured)

(Signature of Medical Examiner)

Station:

Date: